



MEDICATION ADMINISTRATION PERMISSION POLICY JGCD-E (2)

When possible, medications should be given to students before or after school hours by the parent or guardian. Medications must be provided to the school in the originally labeled container. Medications may only be given within the limits of the prescribing health care provider's order and/or instructions printed on the container or package insert.

Please, complete a separate form for each medication to be given at school.

Student Name:		Date of Birth:
School:	Grade:	Teacher:

Is your student allergic to any food, medicine, or other items? No Yes (if yes, list allergies)

Medication:	Dosage:
Purpose of Medication:	Route:
Time of day medication to be given at school: If possible, specify preferred time. Lunch times vary.	Period of time medication to be given: <input type="checkbox"/> Until the end of school year <input type="checkbox"/> _____ school days <input type="checkbox"/> _____ weeks
Possible side effects:	

Health Care Provider's Signature Required For All Prescription Medications

Prescribing Health Care Provider's Signature:	Date:
Stamp, Print, or Type Health Care Provider's Name & Address	Office Phone Number
	Office Fax Number

I give permission for the medication noted above to be given to my child during the school day. I give permission for the school nurse or school administrator to contact the health care provider named above to discuss this medication and my child's health. I give permission for the health care provider named above or his/her designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I understand that the school may require that I agree to the school district's rules about medications before this medication will be given at school. I understand that I am responsible for notifying the school if any of my child's medications change.

Signature of Parent/Guardian

Date

Print or Type Name of Parent/Guardian

Day Phone Number